

CHARLES COUNTY HEALTH BENEFITS PROGRAM

Premiums effective for July 1, 2019 - June 30, 2020 Plan Year

COVERAGE LEVEL	CareFirst BlueChoice Advantage & Select Vision	CareFirst Blue Choice HMO Open Access & Select Vision	CareFirst PPO Dental	Delta Dental
EMPLOYEE SEMI-MONTHLY PREMIUM				
Individual	\$112.58	\$77.92	\$6.30	\$5.44
Parent & Child	\$195.60	\$148.07	\$9.62	\$8.65
Employee & Spouse	\$234.28	\$179.21	\$14.45	\$12.83
Family	\$275.43	\$233.76	\$18.89	\$16.67